

Foster Family Home - Corrective Action Report

Provider ID: 1-560913

Home Name: Lydia Ramiscal, CNA

94-185 Hulahe Street

Waipahu HI 96797

Review ID: 1-560913-8

Reviewer: Angelica Galindo

Begin Date: 4/25/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 4/25/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/25/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 6/01/2018, done on 4/22/2019.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No record of fire drill conducted by CG#5 for 2018.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(2) - No grab bars placed on toilet area for safety in clients bathroom.

49.(a)(5) - Smoke detectors on first floor where clients reside are non-operating.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFH)
Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFH Name: Lydia Ranniscal
 CCFH Address: 24-185 Hulake St.
Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
82a)(2)	APS/CAN lapse for caregiver #3: was due on/before 6/01/18: done on 4/22/19	4/22/19	make a list of every care givers document showing their expiration date so that I can ask them to secure 2 months ahead of the expiration.
46(a)	Caregiver #5 did her fire drill on 4/27/19	4/27/19	make a schedule for every month's fire drill for every CG. including myself PC G + file in the binder.
49a)(2)	grab bars were put on toilet in clients bathroom	4/25/19	I understand that grab bars be put on toilet area. Make sure sturdy for client safety

Primary Caregiver's Signature: _____

Print Name: Lydia Ranniscal

Date of Signature: 5/17/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Lydia Ramiscal
 CCFFH Address: 94-185 Hulahu St.
Wahiawa, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
44.(3)(5)	smoke detectors are replaced with the new ones	4/27/19	checking the smoke detectors even it's not time give the fire drill to make it sure it's working

Primary Caregiver's Signature: _____

Print Name: Lydia Ramiscal

Date of Signature: 5/17/19